

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

3

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1	1					51								
2		2					52								
3		2					53								
4		2					54								
5		2					55								
6		2					56								
7		2					57								
8		2					58								
9		2					59								
10		2					60								
11		2					61								
12		2					62								
13		2					63								
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40		2					90								
41		2					91								
42		2					92								
43		2					93								
44		2					94								
45		2					95								
46		2					96								
47		2					97								
48		2					98								
49		2					99								
50		2					100								
TOTAL IND.	1						TOTAL IND.								
TOTAL DEP.	44						TOTAL DEP.								
TOTAL CLAIMS	45						TOTAL CLAIMS								